## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571) 273-2885



or <u>Fax</u> (57

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notification	S.	D.ook 1, 0) (a	, speen, mg .			, and or (o) mastering a sepa		
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  7590 09/30/2005					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
•								
SUGHRUE, MION, ZINN, MACPEAK & SEAS, PLLC 2100 PENNSYLVANIA AVENUE, N.W. WASHINGTON, DC 20037-3213				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, of being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
	(	8			(Depositor's name)			
	DEC 28			(Signature)				
	TENT.				(Date)			
APPLICATION NO.	FILING DATE	DEMA	NAME	D INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION	۷0.
09/827,229	04/06/2001	Zvia Agur				Q63893	7712	
TITLE OF INVENTION: SYSTEM AND METHODS FOR OPTIMIZED DRUG DELIVERY AND PROGRESSION OF DISEASED AND NORMAL CELLS								
APPLN, TYPE	SMALL ENTITY	ISSUE F	L		BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO VES	\$1400 B 700			\$300	\$ <del>1700</del> \$100 C	12/30/2005	
EXAMINER AR		ART UN	ΊΤ	CI	LASS-SUBCLASS			
MORAN, MARJORIE A			31 703-011000		703-011000			
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list								
CFR 1.363).	Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,						
Change of correspond Address form PTO/SB/12		(2) the name of a single intil (having as a member a						
"Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required.	ation form e of a Customer	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND								
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app T a substitute	ear on the	he patent. If an assig g an assignment. 12/2	nee is identified below, the d 9/2005 MBEYENE2 000006	ocument has been fi	led for
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OF CO			VINTRY) C: 2501	300.00	<b>O</b> P
OPTIMATA LTD.			el Aviv	, Is	rael		700.00	
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 💆 Corporation or other private group entity 🔾 Government								
4a. The following fee(s) are		4b. Payment of Fee(s):						
Publication Fee (No small entity discount permitted)			A check is attached for the NOA Fees payment. Please					
Advance Order - # of Copies			charge any payment deficiency and credit overpayment to PODA 19-4880. A duplicate copy of this form is attached.					
5. Change in Entity Status  a. Applicant claims SM		☐ b. Applic	cant is no	longer claiming SMA	ALL ENTITY status. See 37 C	FR 1.27(g)(2).		
The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco	is requested to apply the Issu ublication Fee (if required) vords of the United States Par-	ne Fee and Publica will not be accepte ant and Trade nack	tion Fee (if ar d from anyone Office.	ny) or to e other th	re-apply any previous nan the applicant; a reg	sly paid issue fee to the applica gistered attorney or agent; or the	ition identified above ne assignee or other p	arty in
Authorized Signature <u>/</u>	MIL		_	Date	12/28/05			
Typed or printed name	ındir	Registration No. 32, 156						
submitting the completed ap	plication form to the USPT for reducing this burden, slinia 22313-1450. DO NOT	O. Time will vary	depending u	pon the i	individual case. Any c	the public which is to file (an minutes to complete, includir comments on the amount of ti d Trademark Office, U.S. Dep SS. SEND TO: Commissioner	me you require to co	omplete re P O

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.